



This policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

APPLICATION FOR COVERAGE

Agency:

Producer:

Name:	DBA:
Mailing Address:	Contact Name:
Garaging Address:	E-Mail:
Phone Number:	Target Effective:
SMS Pin:	Target Premium:
Owners/Executives :	Federal Tax ID Number:
Owners/Executives:	US DOT:
Owners/Executives:	MC Number:

Form of Business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation

Number of Years in Business:

Required Filings: ☐ Federal ☐ State (note federal filing will be filed at FMCSA required minimum)

Other:

Any Subsidiaries? ☐ Yes ☐ No If Yes please list details: .

Has the company ever been under another name or DOT? ☐ Yes ☐ No

If yes above, please provide details:

Description of Operations:

Carrier Type: ☐ Common ☐ Contract ☐ Private ☐ Other:

US DOT:

MC Number:

Have you been cancelled or non-renewed in the last 3 years? ☐ Yes ☐ No

If yes please provide details:

Is Carrier involved in any non-trucking? ☐ Yes ☐ No

Do drivers complete employment applications when applying for the job? ☐ Yes ☐ No

Does Carrier Team driver at all? ☐ Yes ☐ No

Do any operations occur in Canada or Mexico? ☐ Yes ☐ No


Radius by %: ☐ 0-100 Miles      ☐ 101-500 Miles    ☐ 501-1,000 Miles      ☐ Over 1,000

**Common States and Major Cities:** *List major cities and common states frequently traveled.*



**Coverages and Limits (Any coverages not listed are not offered):**

Liability Limit: \$1,000,000

Other Supplementary Coverages:	<input type="checkbox"/> Hired	<input type="checkbox"/> Non-Owned	<input type="checkbox"/> UIIA
UM-BI:	<input type="checkbox"/> Reject <input type="checkbox"/> Accept State Min Limit	<input type="checkbox"/> Other Limit: Other Limit	
UM-PD:	<input type="checkbox"/> Reject <input type="checkbox"/> Accept State Min Limit	<input type="checkbox"/> Other Limit: Other Limit	
UIM BI:	<input type="checkbox"/> Reject <input type="checkbox"/> Accept State Min Limit	<input type="checkbox"/> Other Limit: Other Limit	
UIM PD:	<input type="checkbox"/> Reject <input type="checkbox"/> Accept State Min Limit	<input type="checkbox"/> Other Limit: Other Limit	
No-fault:	<input type="checkbox"/> Reject <input type="checkbox"/> Accept State Min Limit	<input type="checkbox"/> Other Limit: Other Limit	

*(PIP/Med Pay)*

PIP Supplementary Coverages: *list all supplementary coverages desired*  
*(Note some state may require a coverage for example Pedestrian PIP for NJ, that will be added automatically)*

**Equipment Schedule:** *(if list doesn't fit please send as separate document along with this application)*

Type of Equipment	VIN	Year	Make	Owner/Operator

**Driver Schedule:***(if list doesn't fit please send as separate document along with this application)*

Name	DOB	Driver's License	Years of Experience

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The statements and answers given on this application are true and accurate. The applicant has not wilfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicants Name: \_\_\_\_\_

Title: \_\_\_\_\_

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Applicants Signature: \_\_\_\_\_

☐ *I understand that checking this box constitutes a legal signature.*

Date: \_\_\_\_\_



**MOTOR TRANSPORT**  
MUTUAL RISK RETENTION GROUP

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